CORPORATE \ ACCESS, /

## B9200000064 26 East 6th Avenue . Tallahassee, Florida 32303

INC. P.O. Box 37066 (32315-7066)

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

PICK UP 1/23/99 /1:00

CERTIFIED COPY	cus	8 9 gg
		3 08
РНОТО СОРУ	XEUTING_	RA Change 3 \$
1.) SFE CHVUS Processors, L.P. (CORPORATE NAME & DOCUMENT #)	, LJd.	· · · · · · · · · · · · · · · · · · ·
2.) (CORPORATE NAME & DOCUMENT #)		0000030525703
3.)(CORPORATE NAME & DOCUMENT #)		-11/23/9901013008 ****192.50 *****87.50
4.)(CORPORATE NAME & DOCUMENT #)	bV	
·	BK	
(CORPORATE NAME & DOCUMENT #)		PEPA:: DIVISION TALLAH
SPECIAL INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·	ASSEEL FI
		logical distriction of the control o

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered ager or both, in the state of Florida. SFE CITRUS PROCESSORS, L.P., LTD. Name of the limited partnership B92000000064 December 27, 1992. Date of filing/registration in Florida Document number assigned 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: The Prentice-Hall Corporation System, Inc. Name 1201 Hays Street, Suite 105 Address Tallahassee, Florida 32301 City, State and Zip 5. The name and address of the new registered agent and/or office: Nathaniel L. Doliner, Esq. c/o Carlton Fields 777 S. Harbour Island Blvd. Florida street address (P.O. Box not acceptable) Tampa 33602 FL City, State and Zip Such change(s) was/were authorized by the general partners. SFE Citrus GP, LLC, its general partner By: Rhiannon T. Kubicka, Secretary I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this charge. egistered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**Filing Fee: \$35.00** 

INHS04(9/97)